

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>097701065</b>	FILING DATE						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.	
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TOTAL IND.	3												
TOTAL DEP.	20												
TOTAL CLAIMS	23												

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS